



2155

PTO/SB-01 (05-03)

Approved for use through 11/30/2005. OMB 0551-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|   |                      |  |
|---|----------------------|--|
| <b>POWER OF ATTORNEY<br/>and<br/>CORRESPONDENCE ADDRESS<br/>INDICATION FORM</b> | Application Number   | 09/998,517   |
|   | Filing Date          | November 29, 2001  |
|   | First Named Inventor | Dov Koren  |
|   | Title                | Collaborative, Fault-Tolerant, Scalable,<br>Flexible Interactive Real-Time Display |
|   | Art Unit             | 2155   |
|   | Examiner Name        | Eng. D.  |
|   | Attorney Docket No.  | 111987.122 US2   |

I hereby appoint:

☒ Practitioners at Customer Number

OR

☐ Practitioner(s) named below:

| Name | Registration Number | Name | Registration Number |
|------|---------------------|------|---------------------|
|      |                     |      |                     |

as my/her attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office associated therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ The address associated with  
Customer Number:

OR

☐ Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Fax

I am that:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.72(b) is enclosed. (Form PTO/SB-05)

**SIGNATURE of Applicant or Assignee of Record**

|           |                  |
|-----------|------------------|
| Name      | Dov Koren        |
| Signature | <i>Dov Koren</i> |
| Date      | 4/11/2005        |
| Telephone | (212) 984-1043   |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.